Performance

Report

**1800 951 822**

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| Name of service: | HammondCare Scarborough |
| Service address: | 19 Kiama Street Miranda NSW 2228 |
| Commission ID: | 1006 |
| Approved provider: | HammondCare |
| Activity type: | Assessment Contact - Site |
| Activity date: | 13 July 2023 to 14 July 2023 |
| Performance report date: | 9 August 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for HammondCare Scarborough (**the service**) has been prepared by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* the Performance Report dated 20 December 2022 following the Assessment Contact undertaken from 15 November 2022 to 16 November 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the seven specific requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 3(3)(a) and Requirement 3(3)(e) following a Site Audit conducted 22 February 2022 to 25 February 2022 and Assessment Contact conducted 15 November 2022 to 16 November 2022.

At the Assessment Contact conducted 13 July 2023 to 14 July 2023, the Assessment Team found continuous improvement action implemented had been effective in rectifying the non-compliance in this Quality Standard. This included:

* Review of consumer’s pain management to ensure effective monitoring and management. Improved processes to monitor and communicate consumer’s needs regarding pain management.
* Staff education and training.
* Completion of consumer behaviour support plans (BSP) with individualised strategies to manage behaviours identified, including with support from dementia support services.
* Audit of psychotropic medications prescribed, and review of chemical restrictive practices.
* Review of consumer care plans to ensure accuracy and consistency, with improved monitoring processes implemented.

The Assessment Team found personal and clinical care provided to consumers was safe, effective, tailored to their needs and optimising their health and well-being. For consumers sampled, pain was effectively monitored and managed, consumers who required a BSP had one in place with individualised strategies identified, and consumers living with diabetes had this effectively monitored and managed. The service demonstrated appropriate identification of restrictive practices and associated consent and review processes in response. Consumers and representatives interviewed indicated they were satisfied with personal and clinical care provided to consumers, particularly in relation to falls, medication, wound and pain management.

The service demonstrated that information about consumer’s condition, needs and preferences is documented and communicated within the organisation and with others where responsibility for care is shared. Consumers and representatives interviewed by the Assessment Team considered staff know the consumers and their care needs well, and consumers receive the care they need. Care documentation reviewed by the Assessment Team contained contemporary and accurate information on consumer’s condition, needs and preferences, and the service demonstrated required staff including visiting health providers have appropriate access to this information.

I find Requirement 3(3)(a) and Requirement 3(3)(e) are compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific requirements has been assessed and found compliant.

The service was previously found non-compliant in Requirement 8(3)(e) following a Site Audit conducted 22 February 2022 to 25 February 2022 and Assessment Contact conducted 15 November 2022 to 16 November 2022.

At the Assessment Contact conducted 13 July 2023 to 14 July 2023, the Assessment Team found continuous improvement action implemented had been effective in rectifying the non-compliance in Requirement 8(3)(e). This included a review of the organisation’s approach to environmental restrictive practice to ensure this meets legislative requirements. A new consent form was developed and has been distributed to all consumers, and included in admission information. The organisation’s policy relating to restrictive practices has been reviewed and updated in line with current legislation.

The organisation has a clinical governance framework which includes policies and procedures, responsibilities, planning, monitoring and improvement mechanisms that are implemented to support safe and quality clinical care. There are reporting mechanisms and processes in place for the collection and reporting of data relating to clinical indicators, incidents, complaints, surveys and audits. This information is analysed, and actions are taken as necessary by the organisation. This includes in relation to antimicrobial stewardship, the use of restrictive practices and open disclosure.

I find Requirement 8(3)(e) is compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)